

City Of Baraboo
Insurance Claims Meeting Notice
March 24, 2016 at 10:00 a.m.
Council Chambers, 2nd Floor
Municipal Building, 135 4th St., Baraboo

Members Noticed: Geick, Pinion, Schauf
Others Noticed: Giese, Bolin, Koss
Claimants Noticed: Timothy Labanskey, Kristine Reali, Tayler Shelby, Katina Wenzel

Call To Order:

1. Note compliance with the Open Meeting Law.
2. Approve Agenda. Moved by: _____ 2nd by: _____
3. Approve minutes of August 28, 2015 and March 7, 2016. Moved by: _____ 2nd by: _____

Consider Claims Filed:

1. Claims submitted by:
 - a. Kristine Reali for auto damage when vehicle struck by city snow plow on or about 2/3/16, \$1655.53
 - b. Timothy Labanskey for auto damage when vehicle struck by tree branch on or about 8/22/15, \$732.20
2. Claims waiting for Adjuster's report:
 - a. Tayler Shelby for auto damage when vehicle struck by city snow plow vehicle, \$3,347.44

Closed Session: Moved by _____ 2nd by _____ that the committee meet in Closed Session as per Wis. Stats. 19.85(1)(e)(g) to confer with legal counsel regarding claims submitted against the City resulting in possible expenditure of public funds (discuss claims).

Open Session: Moved by _____ 2nd by _____ that the committee reconvene in Open Session as per Wis. Stats. 19.85(2) to announce findings of the closed session, and deliberate settlement of claims, if any.

Adjournment: Moved by _____ 2nd by _____.

PLEASE TAKE NOTICE, any person who has a qualifying disability as defined by the American with Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format, should contact the Municipal Clerk (135 4th St. or phone 355-2700) during regular business hours at least 48 hours before the meeting so that reasonable arrangements can be made.

It is possible that members of, and possibly a quorum of members of, other governmental bodies of the City of Baraboo who are not members of the above Council, committee, commission, or board may be in attendance at the above stated meeting to gather information. However, no formal action will be taken by any governmental body at the above stated meeting, other than the Council, committee, commission or board identified in the caption of this notice.

FOR INFORMATION ONLY, NOT A NOTICE TO PUBLISH.

Agenda posted Friday, March 18, 2016

Insurance/Claims Committee - Open

August 28, 2015

Members Present: Geick, Pinion, Schauf
Citizens Present: Sandra Frambs

Others Present: Giese, Reitz

Geick called the meeting to order in the Council Chambers at 9:00 a.m. and noted compliance with the Open Meeting Law.

Moved by Schauf, seconded by Pinion and carried to adopt the agenda. Moved by Pinion, seconded by Schauf and carried to approve the May 27, 2015 minutes.

The Committee met in open session.

Claimant Gall was represented by Sandra Frambs, who presented a claim for auto damage allegedly caused by hitting two pot holes on Elizabeth Street. The pot holes were in the shadows on the side of the road and were not seen until struck. Their rear passenger tire was blown immediately. They are claiming the cost to replace the rear passenger tire at \$128. A police report was not filed but they called the City to report the damage and request a claim form.

The Committee members considered the evidence and viewed photos taken at the scene by claimant of potholes. Attorney Reitz reported that engineering staff confirmed that the pot holes were within the City limits but that they have been repaired. Pinion stated that the repairs were as a result of routine maintenance and nothing to do with this claim.

Moved by Schauf, seconded by Pinion and carried to offer reimbursement of \$128 for the tire replacement without sales tax and carried unanimously.

Claimant Baclaan was not present but had previously presented her claim. The Committee reviewed the police report and photos of damaged vehicle. Two estimates were provided with the claim. Moved by Pinion, seconded by Schauf and carried unanimously to offer settlement of \$2489.50 per the estimate of R & M Auto Body LLC.

Adjournment - Moved by Pinion, seconded by Schauf and unanimously carried to adjourn at 9:20 a.m.

Cheryl Giese,
City Clerk-Finance Director

Members Present: Geick, Pinion, Schauf Others Present: Giese, Koss
Citizens Present: Tayler Shelby, Katina Wenzel

Geick called the meeting to order in the Council Chambers at 11:00 a.m. and noted compliance with the Open Meeting Law.

Moved by Pinion, seconded by Schauf and carried to adopt the agenda.

The Committee met in open session.

Claimant Shelby presented a claim for auto damage allegedly caused by a city plow truck hitting the parked vehicle across from 714 Birch Street. The police report and photos taken at the scene were reviewed by the Committee who agreed that the vehicle was damaged by the City plow truck. Two estimates were reviewed and the lesser of the two was \$3347.44 from Delton Auto Body. The vehicle is a 1993 Buick Riviera 2 door coupe with 144,316 actual miles. The Committee reviewed a value estimate from Kelley Blue Book valuing the vehicle between \$1203 for fair condition to \$2515 for excellent condition. The vehicle owners presented a value estimate from NADAguides arriving at values of \$2525 for low retail to \$8350 for high retail. The vehicle owner stated that the vehicle was in excellent condition, had a new motor, tires and battery in 2015. It is a diamond pearl white vehicle.

The claimants left the meeting.

The Committee reviewed the value estimates again, and attempted to find other value sources. It was suggested to hire an appraiser to value the vehicle as an independent third party before making an offer. Moved by Schauf, seconded by Pinion that the potential offers are: 1--Repair the vehicle per the \$3347 estimate. 2--Based on the 3rd value estimate, if the vehicle value exceeds the cost of repair, repair the vehicle. 3--If the value of the vehicle is less than the repair estimate: pay the owner the appraisal amount and we take the vehicle. If owner wants to keep the vehicle, we will offer appraisal amount less the salvage value to be determined on the independent appraisal.

Cheryl was directed to seek an independent appraisal and proceed with making the settlement offer. Motion carried unanimously.

Adjournment - Moved by Schauf, seconded by Pinion and unanimously carried to adjourn at 11:40 a.m.

Cheryl Giese,
City Clerk-Finance Director

City of Baraboo, WI

135 4th Street
Baraboo WI 53913
(608) 355-2700 phone
608 356 9666 fax

Case # _____

PART I NOTICE OF CLAIM

Accident/Incident Information	
Claimant Name: <u>Kristine Reale</u>	Date of Accident/Incident: _____
Address: <u>321 Walnut St</u> Baraboo WI 53913 Street City State Zip Code	Location of Accident/Incident: <u>321 Walnut / South Street</u>
Phone Number: <u>608-963-6633</u>	Time of Accident/Incident _____ am _____ pm
Circumstances of the Claim: In the space below, describe the circumstances of your claim. (Use other side of this form or additional sheet(s) if needed. For auto damages, attached a copy of the police report, if any, and attach a diagram of the accident scene including north, south, east, or west corners if the accident occurred at an intersection. For personal injury, indicate nature of injury and whether or not medical attention was given and give the name of the physician. Identify any witnesses to the accident/incident: <u>City Plow hit drivers side of car</u> <u>with plow - see Police Report attached.</u>	

PLEASE NOTE that all claims are subject to approval or denial by the Claims Committee and individual City of Baraboo employees are not authorized to settle claims independent of the Committee. Any representations made by individuals regarding the worthiness of claims are expressions of personal opinion only, and do not bind the City to any action.

Case # _____

PART II CLAIM

IMPORTANT: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim, you may file a claim with the City at any time consistent with the applicable statute of limitations. However, in order for the City to formally accept or deny your claim at this or any other time, this section must be completed and signed.

The undersigned hereby makes a claim against the City of Baraboo arising out of the circumstances described above.

Detailed money damages being sought are:

Physical Injury \$ 0.00Property Damage \$ 1746.03Total \$ 1746.03

no tax
1655.53

Claimant Signature: Kristine Reale Dated: 3/4/16Claimant Address: 321 Walnut St Baraboo WI 53913
Street City State Zip Code

Circumstances of the Claim (continued from front of this form)

Date: 2/22/2016 02:24 PM
 Estimate ID: 4217
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

SCHIEFELBEIN BODY SHOP, LLC.

545 S. ALBERT AVE / PO BOX 186, REEDSBURG, WI 53959
 (608) 524-2714
 Fax: (608) 524-3015

"THE PROFESSIONALS IN COLLISION REPAIR"

*

*

A STRONG COMMITMENT TO CUSTOMER SATISFACTION SINCE 1961

Damage Assessed By: Mike Hanson
 Classification: Field

Deductible: 0.00
 Claim Number: 4217

Owner: KRIS REALI
 Address: 321 WALNUT ST., BARABOO, WI 53913
 Telephone: Home Phone: (608) 963-6633

Mitchell Service: 911114

Description: 2011 Chevrolet Traverse LTZ
 Body Style: 4D Ut
 VIN: 1GNKVLED4BJ249087
 Mileage: 147,604
 OEM/ALT: O
 Color: SILVER
 Options:

Drive Train: 3.6L Inj 6 Cyl AWD
 License: 707SBY WI

Search Code: None

PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING
 REAR WINDOW DEFOGGER, AIR CONDITIONING, CRUISE CONTROL, AM/FM STEREO
 DRIVER AIRBAG, HEATED EXTERIOR MIRROR, REAR (DUAL-ZONE) AC, LEATHER SEAT
 POWER PASSENGER SEAT, FRONT SIDE AIRBAG WITH HEAD PROTECTION
 PREMIUM SOUND SYSTEM, ANTI-LOCK BRAKE SYS., TRACTION CONTROL, ALUM/ALLOY WHEELS
 REARVIEW CAMERA, REMOTE IGNITION, POWER LIFTGATE/TRUNK
 TIRE INFLATION/PRESSURE MONITOR, MEMORY SEAT, AUXILIARY INPUT
 BLUETOOTH WIRELESS CONNECTIVITY, LEATHER STEERING WHEEL, SATELLITE RADIO
 CD PLAYER, POWER ADJUSTABLE EXTERIOR MIRROR, 4WD OR AWD, PRIVACY GLASS
 AUTO AIR CONDITION, TRIP COMPUTER, FIRST ROW BUCKET SEAT, SECOND ROW BUCKET SEAT
 TELEMATIC SYSTEMS, UNIVERSAL GARAGE DOOR OPENER, THIRD ROW SEAT
 REAR HEATING, VENTILATION & AIR CONDITIONING, ALL WHEEL DRIVE, SIDE AIRBAGS
 AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION
 INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, MP3 PLAYER
 DAYTIME RUNNING LIGHTS, DRIVER SEAT WITH POWER LUMBAR SUPPORT
 ELECTRONIC PARKING AID, ELECTRONIC STABILITY CONTROL, EXTERIOR MEMORY MIRRORS
 FRONT COOLED SEATS, FRONT HEATED SEATS, FRONT SEATS WITH POWER LUMBAR SUPPORT
 KEYLESS ENTRY SYSTEM, POWER FOLDING EXTERIOR MIRRORS, REAR SPOILER
 STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	101525	BDY	REMOVE/INSTALL	Frt Bumper Cover			INC #
2	101541	BDY	REMOVE/INSTALL	L Front Combination Lamp			1.8 #
3	103165	BDY	REPAIR	L Fender Panel	Existing		6.5*#
4	AUTO	REF	REFINISH	L Fender Outside			C 2.0
5	100094	BDY	REMOVE/INSTALL	L Fender Front Liner	Existing		INC r
6	100100	BDY	REMOVE/INSTALL	L Fender Rear Liner	Existing		0.2 #r
7	101312	BDY	REPAIR	L Frt Door Shell	Existing		2.5*#
8	AUTO	REF	REFINISH	L Frt Door Outside			C 1.9
9	100102	REF	REFINISH	L Frt Door Mirror			C 0.7
10	101815	BDY	REPAIR	L Frt Rear View Mirror			0.8*#
11	100104	BDY	REMOVE/INSTALL	L Frt Otr Door Belt Moulding			0.9 #
12	100110	BDY	REMOVE/INSTALL	L Frt Lwr Door Moulding			0.2
13	900500	BDY *	REMOVE/REPLACE	CLEAN+RETAPE MOULDING	3M TAPE	10.00 *	0.4*

ESTIMATE RECALL NUMBER: 02/17/2016 07:08:28 4217

Mitchell Data Version: OEM: DEC_15_V

Date: 2/22/2016 02:24 PM
 Estimate ID: 4217
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

14	101017	BDY	REMOVE/INSTALL	L Frt Door Trim Panel					
15	100751	BDY	REMOVE/INSTALL	L Frt Otr Door Handle					INC
16	103377	BDY	REMOVE/INSTALL	L Rocker Moulding					0.3 #
17	936006		ADD'L COST	Rust Coating				8.00 *	0.4
18				INC EPOXY PRIMER					
19	936007		ADD'L COST	Shop Materials				6.00 *	
20				CAR BAG/INNER JAMB MASKING					
21	936012		ADD'L COST	Hazardous Waste Disposal				3.00 *	
22	AUTO	REF	ADD'L OPR	Clear Coat					1.3
23	933005	BDY	ADD'L OPR	Restore Corrosion Protection					0.3*
24	900500	REF *	REFINISH/REPAIR	Finish Sand And Buff	Existing				1.5*
25	933018	REF	ADD'L OPR	Mask For Overspray					0.5*
26				BAG CAR/MASK INNER JAMBS					
27	AUTO		ADD'L COST	Paint/Materials				296.00 *	

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

Remarks

** OPEN ** REUSE OF TRIM.

Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary			
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				Amount
Body	14.3	60.00	0.00	0.00	858.00 T	Taxable Parts			10.00
Refinish	7.9	60.00	0.00	0.00	474.00 T	Sales Tax	@	5.500%	0.55
						Total Replacement Parts Amount			10.55
		Taxable Labor			1,332.00				
		Labor Tax	@	5.500 %	73.26				
Labor Summary	22.2				1,405.26				
III. Additional Costs						IV. Adjustments			
					Amount				Amount
Taxable Costs					313.00	Insurance Deductible			0.00
Sales Tax			@	5.500%	17.22	Customer Responsibility			0.00
Total Additional Costs					330.22				
Paint Material Method: Rates									
Init Rate = 40.00 , Init Max Hours = 99.9, Addl Rate = 0.00									
						I. Total Labor:			1,405.26
						II. Total Replacement Parts:			10.55
						III. Total Additional Costs:			330.22
						Gross Total:			1,746.03
						IV. Total Adjustments:			
						Net Total:			0.00
								1655.53	1,746.03

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Date: 2/22/2016 02:24 PM
Estimate ID: 4217
Estimate Version: 0
Preliminary
Profile ID: Mitchell

Point(s) of Impact

11 Left Front Corner (P)

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

AUTHORIZED AND ACCEPTED: You are hereby authorized to make specified repairs. I understand that payment in full will be due upon release of vehicle, including additional supplemental damage charges, and hereby grant you and/or your employees, permission to operate the car, truck, or vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to the vehicle or articles left in vehicle in case of fire, theft, accident, or any other cause beyond your control.

AUTHORIZED BY _____ DATE _____ TIME _____

Thank you for coming to SCHIEFELBEIN BODY SHOP for your estimate!
We appreciate your business!

DB AUTOBODY
215 SOUTH BLVD
BARABOO, WI. 53913
PHONE: 608-356-2832 FAX: 608-356-2840
FEDERAL TAX ID # 27-1668597

*** PRELIMINARY ESTIMATE ***

03/15/2016 11:10 AM

Owner

Owner: KRISTINE REALI
Address: 321 WALNUT
City State Zip: Baraboo, WI 53913

Work/Day: (608)963-6633
FAX:

Inspection

Inspection Date: 03/15/2016 11:10 AM

Inspection Type:

Appraiser Name: WESTLEY LAYMON
Address: 215 SOUTH BLVD
City State Zip: Baraboo, WI 53913
Email: dbautobody@centurylink.net

Appraiser License # :
Work/Day: (608)356-2832
FAX: (608)356-2840

Repairer

Repairer: DELLS BARABOO AUTO BODY
Address: 215 SOUTH BLVD

Contact: WES
Work/Day: (608)356-2832
FAX: (608)356-2840
FAX:

City State Zip: Baraboo, WI 53913
Email: dbautobody@centurylink.net

Target Complete Date/Time:

Days To Repair: 5

Vehicle

OEM Part Price Quote ID: ****

2011 Chevrolet Traverse LTZ 4 DR Wagon
6cyl Gasoline 3.6
6-Speed Automatic

Lic Expire:
Prod Date: 11/2010
Veh Insp# :
Condition:
Ext. Refinish: Two-Stage

VIN: 1GNKVLED4BJ249087
Mileage: 150,262
Mileage Type: Actual
Code: U6764C
Int. Refinish:

Options

2nd Row Head Airbags
7 Passenger Seating
Aluminum/Alloy Wheels
Auto Headlamp Control
Bodyside Moldings
Center Console
Daytime Running Lights
Dual Air Conditioning
Dual Pwr Lumbar Supports

3rd Row Head Airbags
AM/FM CD Player
Amplifier
Automatic Dimming Mirror
Bose Sound System
Climate Cntrl Frnt Seats
Digital Signal Processor
Dual Airbags
Dual Zone Auto A/C

4-Wheel Drive
Alarm System
Anti-Lock Brakes
Bodyside Cladding
Bucket Seats
Cruise Control
Driver Seat Memory
Dual Power Seats
Emergency S.O.S. System

Floor Mats	Garage Door Opener	Halogen Headlights
Head Airbags	Heated Power Mirrors	Illuminated Visor Mirror
Intermittent Wipers	Keyless Entry System	Leather Seats
Leather Steering Wheel	Lighted Entry System	MP3 Decoder
Mirror(s) Memory	Mud/Splash Guards	OnStar System
Power Brakes	Power Door Locks	Power Liftgate
Power Steering	Power Windows	Rear Seat Audio Controls
Rear Spoiler	Rear View Camera	Rear Window Defroster
Rear Window Wiper/Washer	Reclining Seats	Remote Starter
Reverse Sensing System	Roof/Luggage Rack	Second Row Bucket Seats
Side Airbags	Stability Cntrl Suspensn	Strg Wheel Radio Control
Subwoofer	Sunscreen Glass	Tachometer
Theft Deterrent System	Third Seat (trucks)	Tilt & Telescopic Steer
Tinted Glass	Tire Pressure Monitor	Traction Control System
Trip Computer	XM Satellite Radio	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Stripes And Mouldings										
1	RI	221		Mldg,Front Door Side L/F	R & I Assembly				0.1	SM
2	RI	199		Mldg,Front Door Lower L/F	R & I Assembly				0.3	SM
Front Body And Windshield										
3	E	103		Fender,Front LT	20802980 GM Part	\$390.32			3.1	SM
4	L	103	13	Fender,Front LT	Refinish				3.6	RF
					2.1 Surface					
					0.5 Edge					
					0.6 Two-stage setup					
					0.4 Two-stage					
Front Doors										
5	I	207		Door Shell,Front LT	Repair				2.0*	SM
6	L	207		Door Shell,Front LT	Refinish				2.8	RF
					2.3 Surface					
					0.5 Two-stage					
7	RI	263		Mldg,Front Door Belt L/F	R & I Assembly				1.0	SM
8	I	422		Mirror,Outer R/C LT	Repair				0.8*	SM
9	L	422		Mirror,Outer R/C LT	Refinish				0.6	RF
					0.5 Surface					
					0.1 Two-stage					
10	RI	380		Handle,Front Door Otr LT	R & I Assembly				0.2	SM
Manual Entries										
11	I	M14		Corrosion Protection	Sublet Repair	\$10.00*			0.4*	SM
12	L	M17		Cover Car Exterior	Refinish				0.2*	RF
13	I	M60		Hazardous Waste Removal	Sublet Repair	\$5.00*				SM
14	L			MASK FOR JAMBS	Refinish				0.6*	SM
14	Items									

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts		\$390.32
Paint & Materials	7.2 Hours @ \$40.00	\$288.00

Parts & Material Total \$678.32
Tax on Parts & Material @ 5.500% \$37.31

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$62.00	5.3	3.2	8.5	\$527.00
Mech/Elec (ME)	\$85.00				
Frame (FR)	\$75.00				
Refinish (RF)	\$62.00	7.2		7.2	\$446.40

Labor Total 15.7 Hours \$973.40
Tax on Labor @ 5.500% \$53.54
Sublet Repairs \$15.00
Tax on Sublet @ 5.500% \$0.83
Gross Total \$1,758.40
Net Total \$1,758.40

Hold 6.72
+ Rental
Not included.

Alternate Parts No
OEM Part Prices DT 03/15/2016 11:10 AM EstimateID 139038124113190912 QuoteID ****
SPPL Yes Zip Code: 00000 Default

Audatex Estimating 7.0.712 ES 03/15/2016 11:13 AM REL 7.0.712 DT 02/01/2016 DB 02/15/2016
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1.6 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = Replace Recycled
TE = Partial Replace Price	PM = Replace PXN Reman/Reblt	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chipguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



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Kristine Reali

POLICE # 2016-00898

ACCIDENT #

GENERAL INFORMATION

<input type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number JHS8XHQ		Document Override Number	
Agency Accident Number				Police Number 2016-00898					
4 - Accident Date 02/03/2016		5 - Time of Accident (Military Time) 1115		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County SAUK - 56		3 - Municipality BARABOO - 62, CITY				11 - Accident Location INTERSECTION			
14 - On Hwy No.		14 - On Street Name SOUTH ST			14 - Bus/Fmt/Rmp		15 - Est. Distance		15 - Hwy. Dir
16 - Fr/At Hwy No.		16 - From/At Street Name WALNUT ST			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude 43.463295		13 - Longitude -89.740771			
80 - First Harmful Event PARKED MOTOR VEHICLE				93 - Manner of Collision SIDESWIPE, SAME DIRECTION					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain HILL		Surface Type BLACKTOP, BITUMINOUS, OR ASPHALT - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT		116 - Road Surface Condition SNOW/SLUSH				118 - Weather CLOUDY			
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials		<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input type="checkbox"/> Names Exchanged			
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With PARKED MOTOR VEHICLE		23 - Dir Of Travel EAST		24 - Speed Limit 25	
36 - Operating as Classified B CLASS		37 - Endorsements		35 <input checked="" type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number H5255416336400		30 - State WI		31 - Expiration Year 2016		34 - On Duty Accident	
25 - Operator/Pedestrian Last Name HANSEN		25 - First Name MARK		25 - Middle Initial A		25 - Suffix	
32 - Date Of Birth 10/04/1963		33 - Sex MALE					

OPERATOR/PEDESTRIAN 01

26 - Address Street & Number S4343 COUNTY ROAD A				26 - PO Box			
27 - City BARABOO		27 - State WI		27 - Zip Code 53913		28 - Telephone Number (608) 355-2700 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued 0			
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.	
64 - 5th Statute No.							
122 - Driver Factors OTHER							
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST NOT GIVEN			
91 - Drugs Reported							

124 - Highway Factors
SNOW,-ICE,-OR-WET

Vehicle

VEHICLE 01	21 - Unit Type TRUCK		Vehicle Type STRAIGHT-TRUCK-(INSERT TRUCK)			22 - Total Occupants 1
	56 - License Plate Number 76717		57 - Plate Type MUN	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number 2FZAABWS58AZ75552
	50 - Year 2008	51 - Make STLG	52 - Model	53 - Body Style	54 - Color ONG	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage NONE					
	95 - Extent Of Damage NONE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix
	46 - Company Name CITY OF BARABOO				
	47 - Address Street & Number 135 4TH STREET		47 - PO Box		
	48 - City BARABOO	48 - State WI	48 - Zip Code 53913	49 - Telephone Number (608) 355-2700 EXT.	

Insurance

INS 01	63 - Liability Insurance Company GOVERNMENT		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company		

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status L - LEGALLY PARKED		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel	24 - Speed Limit 25
36 - Operating as Classified D CLASS	37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle		
29 - Driver's License Number		30 - State	31 - Expiration Year	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name		25 - First Name		25 - Middle Initial	25 - Suffix
32 - Date Of Birth	33 - Sex				

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number				26 - PO Box	
	27 - City		27 - State	27 - Zip Code		28 - Telephone Number
	39 - Seat Position				40 - Safety Equipment NOT-APPLICABLE-NONMOTORIST	
	38 - Injury Severity		41 - Airbag NOT APPLICABLE		42 - Ejected NOT-APPLICABLE	
					44 <input type="checkbox"/> Medical Transport	
	43 - Trapped/Extricated NOT-APPLICABLE		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing LEGALLY-PARKED		120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond		89 - Substance Presence			
90 - Alcohol Test		90 - Alcohol Content		91 - Drug Test		
91 - Drugs Reported						
124 - Highway Factors SNOW,ICE,-OR-WET						

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 0
	56 - License Plate Number 707SBY		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2016	55 - Vehicle Identification Number 1GNKVLED4BJ249087
	50 - Year 2011	51 - Make CHEV	52 - Model TRAVERSE L	53 - Body Style LL - CARRYALL	54 - Color SIL	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT DRIVER SIDE					
	95 - Extent Of Damage VERY-MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name REALI		46 - First Name KRISTINE		46 - Middle Initial M	46 - Suffix
					Date Of Birth 09/19/1967	
	46 - Company Name					
	47 - Address Street & Number 321 WALNUT			47 - PO Box		
48 - City BARABOO		48 - State WI	48 - Zip Code 53913		49 - Telephone Number (608) 963-6633 EXT.	

Insurance

INS 02	63 - Liability Insurance Company NOT-REQUIRED		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company		

School Bus

Accident Report

School District Contracted With
MV4000E 01/2005

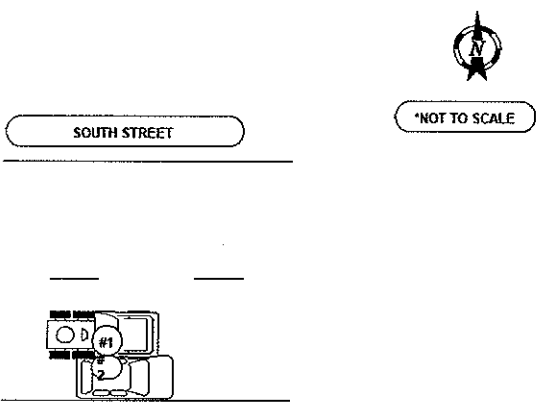
PK2012

B

Trailer

TRL 01	106 - Power Unit Number	License Plate Number	Plate Type	State	Expiration Year
	Trailer Make		Unit Type	Vehicle Identification Number	

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - Photos By
	<div style="text-align: center;"></div> <p>THE CITY PLOW/UNIT #1 WAS TRAVELING E/B ON SOUTH STREET ATTEMPTING TO CLEAR SNOW WHEN IT MISJUDGED GOING AROUND LEGALLY PARKED UNIT #2 WHICH WAS ALSO FACING E/B.</p>

Officer Information

OFFICER INFORMATION	125 - Officer Last Name PICHLER	125 - First Name JESSICA	125 - Middle Initial	131 - Officer ID 220
	129 - Law Enforcement Agency No.	130 - Law Enforcement Agency Name BARABOO POLICE DEPARTMENT		
	126 - Law Enforcement Agency Address Street & Number 135 FOURTH STREET			
	127 - City BARABOO	127 - State WI	127 - Zip Code 53913	128 - Telephone Number (608) 355-2720 EXT.
	132 - Date Notified 02/03/2016	133 - Time Notified (Military Time) 1115	134 - Time Arrived (Military Time) 1117	135 - Date Of Report 02/03/2016
	2016-00898		19 - Special Study	
	18 - Agency Space			

City of Baraboo, WI

EMPLOYEE'S REPORT OF ACCIDENT/INCIDENT
Must be filed with Supervisor within 24 hours of accident/injury

Personal Information

Name MARK HANSEN

Phone Number 608 4345027

Address S4343 CTY A

City/State/Zip Baraboo WI 53913

Employment Information

Your Department STREET DEPT

Your Job Title STREETS

Pay Rate at Time of Accident \$ 23.40 per hr

Your Supervisor's Name BOB KOSS

Work Schedule At Time of Injury:

Days per Week <u>5</u>	Hours Per Day <u>8</u>	Start time <u>7:00</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	End time <u>3:30</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
---------------------------	---------------------------	--	--

Length of Service with City 17 yrs

Length of Service in Department 17 yrs

Accident/Incident Information

Date It Happened 2/3/16

Time It Happened 10:00 ☒ am ☐ pm

Date Reported 2/3/16

Date You Last Worked ST, 11

Reported To TOM P. BOB K.

Estimated Date Back to Work _____

Were you Performing Your Job Duties at the Time of the Accident/Incident? ☒ Yes ☐ No

Were you operating any equipment at the time of injury? ☒ Yes ☐ No

If Yes, what kind of equipment?

#20 Plow Truck

Was there any other kind of property involved in the Accident/Incident? ☒ Yes ☐ No If Yes, identify the type of property, owner, and extent of damage (if known) S.U.V.

Where Did the Accident/Incident Happen?

300 Bl. of South

Were Others Involved in the Accident/Incident? ☐ Yes ☒ No If Yes, list their names, addresses, and phone numbers (if known) _____

Describe What Happened (attach a separate sheet if necessary)

was plowing STREET
SUV was parked ON WRONG SIDE OF STREET WAS TRYING
TO GO AROUND AND MY WING HIT DOOR & FRONT FENDER ON
LT. SIDE OF SUV.

If You Were Injured, Describe Your Injury stating exactly the part of the body injured.

NO

Do You Have an Opinion as to Why or How Accident/Incident Occurred? ☐ Yes ☒ No. If Yes, please Explain

SHE WAS ON WRONG SIDE OF STREET MADE
IT HARDER TO GET THROUGH

Medical Attention InformationWas First Aid Administered ☐ Yes ☒ No If Yes, by whom _____Was an Ambulance Required? ☐ Yes ☒ NoDid Accident/Incident Require Emergency Room Attendance? ☐ Yes ☒ NoWere You Hospitalized? ☐ Yes ☒ No. If Yes, give hospital name _____

Address _____

City, State, Zip _____

Phone # _____

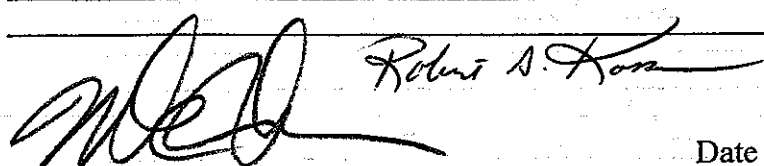
Primary Physician Handling Your Case: Name _____

Address _____

City, State, Zip _____

Phone # _____

If Not Attended by a Physician, How Were You Treated? _____

 Robert S. Korn

Employee's Signature

Date Report Completed

2/4/16

Note: Your Supervisor must file a "Supervisor's Report of Accident/Incident" together with the Employee's Report With the City Clerk's Department within 3 days of accident or injury. Employees seeking medical attention for work related injuries are requested to have their medical provider file their claims with the City Clerk's Department for processing with the City's Worker's Compensation Insurance provider.

City of Baraboo, WI
135 4th Street
Baraboo WI 53913
(608) 355-2700 phone
608 356 9666 fax

Case # 2015-06106

Rec'd 9/25/15
Cmg

PART I NOTICE OF CLAIM

Accident/Incident Information	
Claimant Name: Labansky J Timothy	Date of Accident/Incident: Aug - 22 - 2015
Address: Street 7th City Baraboo State WI Zip Code 53913	Location of Accident/Incident: 213 7th Ave
Phone Number: 608-495-0384	Time of Accident/Incident _____ am <input checked="" type="checkbox"/> pm
Circumstances of the Claim: In the space below, describe the circumstances of your claim. (Use other side of this form or additional sheet(s) if needed. For auto damages, attached a copy of the police report, if any, and attach a diagram of the accident scene including north, south, east, or west corners if the accident occurred at an intersection. For personal injury, indicate nature of injury and whether or not medical attention was given and give the name of the physician. Identify any witnesses to the accident/incident:	
My car was parked in front of my home on 7th. A branch from a tree that the city worked on and left fell hit my car and dented my trunk badly.	

PLEASE NOTE that all claims are subject to approval or denial by the Claims Committee and individual City of Baraboo employees are not authorized to settle claims independent of the Committee. Any representations made by individuals regarding the worthiness of claims are expressions of personal opinion only, and do not bind the City to any action.

Case # _____

PART II CLAIM

IMPORTANT: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim, you may file a claim with the City at any time consistent with the applicable statute of limitations. However, in order for the City to formally accept or deny your claim at this or any other time, this section must be completed and signed.

The undersigned hereby makes a claim against the City of Baraboo arising out of the circumstances described above.


Detailed money damages being sought are:

Physical Injury \$ _____

Property Damage \$ _____

Total \$ _____

732.20
no tax

Claimant Signature: 

Dated: 3-15-16

Claimant Address: 213 7th Street Baraboo WI 53913

City Clerk-Finance Director

135 4th Street, Baraboo, WI 53913

608-355-7305 • 608-356-9666 fax

September 29, 2015

Timothy Labanskey
213 7th Ave.
Baraboo, WI 53913

INSURANCE CLAIM: INFORMATION NEEDED

Timothy, I have received your claim for auto damage after a tree limb fell onto your trunk.

More information is needed before your claim can be considered by the Insurance Claims Committee. Please provide photos of your auto damage and if you are seeking repairs, we will also need two estimates. I also note that you have not signed the claim form, so please stop by our office to complete your claim.

We will not be able to process your claim without the required information, so I will wait to hear from you. If you have any questions, please contact me.

Cheryl Giese
City Clerk-Finance Director
City of Baraboo

Giese, Cheryl M.

From: Hardy, Michael
Sent: Monday, September 28, 2015 7:53 AM
To: Giese, Cheryl M.
Subject: RE: vehicle damage from falling tree branch

Cheryl,

I asked Phil if he recalls any work here as I didn't order any or have any records at this address. Phil stated that Bob had given him 2 days to trim along the Circus Parade route (which included 7th Ave.) and he recalls cutting out 4 hangers from this address. He also recalls several people sitting outside watching them cut. There were people complaining that the City was trimming trees back as much as they were when they were there, so he remembers people complaining while he was trimming. I do recall around this time receiving a call from a resident in the area who was very upset that the City was trimming these trees because "it was the wrong time of year to be trimming trees." This was the first I had heard of any trimming happening, but after asking Phil about it he had told me that Bob had ordered the work to prepare for the parade. My only complaint was that I was not informed of this work order until after it happened as I wasn't prepared for this call as I wasn't aware trimming had been ordered – but I know it was necessary to allow for the parade vehicles.

Looking at the tree inventory, The owner of parcel at 213 7th Ave. is listed as Richard & Carla Cross. The only tree on the inventory at this address is a 16" dbh ash tree which was inventoried as a "Good" tree and was even treated for EAB in 2014. There is nothing on record to warn us of any problems with this tree and no calls prior to this were received by my office. I would be interested in seeing any pictures of this limb to see the size and see if there is any decay that can be seen that may indicate any internal issues with the tree. I'll swing by and see if I can make out any problems with the trunk.

Mike Hardy, CPRP/CPSI, Director
ISA Certified Arborist-Municipal Specialist WI-0871AM
Baraboo Parks, Recreation & Forestry Department
124 2nd St., Room 16
Baraboo, WI 53913
(608) 355-2760 phone / (608) 355-2763 fax
mhardy@cityofbaraboo.com
www.cityofbaraboo.com

From: Giese, Cheryl M.
Sent: Friday, September 25, 2015 8:05 AM
To: Hardy, Michael
Subject: vehicle damage from falling tree branch

Hi Mike

I received a claim from Timothy Labanskey, 213 7th Avenue, that his trunk was badly dented after a tree branch fell on his car. He stated that the city was recently working on the tree. The date of damage was 8/22/15. Can you review your records and provide me with a statement of facts relevant to his claim? The insurance claims committee will need a statement from you for their meeting when they consider paying this claim.

Cheryl Giese
City Clerk-Finance Director
135 4th Street
Baraboo, WI 53913
cmgiese@cityofbaraboo.com
608-355-7305

DB AUTOBODY
215 SOUTH BLVD
BARABOO, WI. 53913
PHONE: 608-356-2832 FAX: 608-356-2840
FEDERAL TAX ID # 27-1668597

*** PRELIMINARY ESTIMATE ***

03/15/2016 01:03 PM

Owner

Owner: TIM LABANSKY

Inspection

Inspection Date: 03/15/2016 01:04 PM

Inspection Type:

Appraiser Name: WESTLEY LAYMON

Appraiser License #:

Address: 215 SOUTH BLVD

Work/Day: (608)356-2832

City State Zip: Baraboo, WI 53913

FAX: (608)356-2840

Email: dbautobody@centurylink.net

Repairer

Repairer: DELLS BARABOO AUTO BODY

Contact: WES

Address: 215 SOUTH BLVD

Work/Day: (608)356-2832

City State Zip: Baraboo, WI 53913

FAX: (608)356-2840

Email: dbautobody@centurylink.net

FAX:

Target Complete Date/Time:

Days To Repair: 4

Vehicle

2008 Subaru Legacy 2.5i 4 DR Sedan
4cyl Gasoline 2.5
4 Speed Automatic

Lic.Plates: 575UTP

Lic State: WI

Lic Expire:

VIN: 4S3BL616987209634

Prod Date:

Mileage: 220,012

Veh Insp#:

Mileage Type: Actual

Condition:

Code: F2254A

Ext. Refinish: Two-Stage

Int. Refinish:

Options

AM/FM CD Player
Aluminum/Alloy Wheels
Bucket Seats
Daytime Running Lights
Halogen Headlights
Intermittent Wipers
MP3 Decoder
Power Mirrors
Rear Window Defroster
Satellite Receiver System
Theft Deterrent System

Air Conditioning
Amplifier
Center Console
Dual Airbags
Head Airbags
Keyless Entry System
Power Brakes
Power Steering
Rear Window Wiper/Washer
Side Airbags
Tilt & Telescopic Steer

Alarm System
Anti-Lock Brakes
Cruise Control
Floor Mats
Illuminated Visor Mirror
Lighted Entry System
Power Door Locks
Power Windows
Rem Trunk-L/Gate Release
Tachometer
Tinted Glass



Sauk Prairie Collision, A Gates Company
S. 10308 Richolson Dr.
Sauk City, WI 53583
Phone: (608) 643-8701 Fax: (608) 644-8180

*** PRELIMINARY ESTIMATE ***

03/15/2016 01:47 PM

Owner

Owner: Tim Labansky
Address: 213 7th Ave
City State Zip: Baraboo, WI 53913

Work/Day: (608)495-0384
FAX:

Inspection

Inspection Date: 03/15/2016 01:48 PM

Inspection Type:

Repairer

Repairer: Sauk Prairie Collision Center
Address: S10308 Richolson Drive

City State Zip: Sauk City, WI 53583
Email: GATESSAUKPRIAIRE@GATESCOLLISION.COM

Contact: SPCC, Inc.
Work/Day: (608)643-8701
FAX: (608)644-8180
Work/Day:

Vehicle

2008 Subaru Legacy 2.5i 4 DR Sedan
4cyl Gasoline 2.5
4 Speed Automatic

Lic.Plates: 575-UPT
Lic Expire:
Prod Date: 07/2007
Veh Insp# :
Condition:
Ext. Color: OBSIDIAN BLACK
Ext. Refinish: Two-Stage
Ext. Paint Code: 32J

Lic State: WI
VIN: 4S3BL616987209634
Mileage:
Mileage Type: Actual
Code: F2254A
Int. Color:
Int. Refinish: Two-Stage
Int. Trim Code:

Options

AM/FM CD Player
Aluminum/Alloy Wheels
Bucket Seats
Daytime Running Lights
Halogen Headlights
Intermittent Wipers
MP3 Decoder
Power Mirrors
Rear Window Defroster
Satellite Receiver System
Theft Deterrent System
Trip Computer

Air Conditioning
Amplifier
Center Console
Dual Airbags
Head Airbags
Keyless Entry System
Power Brakes
Power Steering
Rear Window Wiper/Washer
Side Airbags
Tilt & Telescopic Steer
Velour/Cloth Seats

Alarm System
Anti-Lock Brakes
Cruise Control
Floor Mats
Illuminated Visor Mirror
Lighted Entry System
Power Door Locks
Power Windows
Rem Trunk-L/Gate Release
Tachometer
Tinted Glass

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
1	I	479		Lid,Rear Deck >> on body line	Repair			5.5*	SM
2	L	479	#	Lid,Rear Deck	Refinish 2.8 Surface 0.6 Two-stage setup 0.5 Two-stage			3.9*	RF
				# = 10, 13 >> Partial Color Full Clear					
3	RI	467		Emblem,Deck Lid	R & I Assembly			0.2	SM
4	EC	M17		Cover Car Exterior	Replace Economy	\$5.00*			SM
5	SB	M60		Hazardous Waste Removal	Sublet Repair	\$3.00*			SM
5	Items								

MC Message

10	INCLUDES AUDATEX TIME TO CLEAR ENTIRE PANEL
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Other Parts		\$5.00
Paint & Materials	3.9 Hours @ \$38.00	\$148.20
Parts & Material Total		\$153.20
Tax on Parts & Material	@ 5.500%	\$8.43

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$60.00	0.2	5.5	5.7	\$342.00
Mech/Elec (ME)	\$99.50				
Frame (FR)	\$75.00				
Refinish (RF)	\$60.00	3.9		3.9	\$234.00

Labor Total		9.6 Hours	\$576.00
Tax on Labor	@ 5.500%	\$31.68	
Sublet Repairs		\$3.00	
Tax on Sublet	@ 5.500%	\$0.17	
Gross Total			\$772.48
Net Total			\$772.48 732.20

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 53583 Default

Audatex Estimating 7.0.533 ES 03/15/2016 01:49 PM REL 7.0.533 DT 02/01/2016 DB 03/08/2016
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1.1 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

Op Codes

* = User-Entered Value
EC = Replace Economy
ET = Partial Replace Labor
TE = Partial Replace Price
L = Refinish
TT = Two-Tone
BR = Blend Refinish
CG = Chipguard
AA = Appearance Allowance

E = Replace OEM
OE = Replace PXN OE Srpls
EP = Replace PXN
PM = Replace PXN Reman/Rebld
PC = Replace PXN Reconditioned
SB = Sublet Repair
I = Repair
RI = R & I Assembly
RP = Related Prior Damage

NG = Replace NAGS
UE = Replace OE Surplus
EU = Replace Recycled
UM = Replace Reman/Rebuilt
UC = Replace Reconditioned
N = Additional Labor
IT = Partial Repair
P = Check



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Baraboo Police Department

135 Fourth Street, Baraboo, WI 53913

Offense / Incident Report

Report Date 08/22/2015 1758	Type of Incident DAMAGE TO PROPERTY - WEATHER RELATED	Complaint No. 2015-06106	Case Status CLOSED
---------------------------------------	---	------------------------------------	------------------------------

Occurred on		to	
Incident Location			
Street Address 213 7TH AVENUE	City BARABOO	State WI	Zip Code 53913
Sector	Precinct	Geo	Ward
		Latitude	Primary Location
Neighborhood	Jurisdiction	Longitude	Secondary Location

Dispatch Information			
Received Date / Time 08/22/2015 1758	Call Received Via DISPATCH	Dispatched Date / Time	Call Dispatched As
Arrived Date / Time 08/22/2015 1801	Departed Date / Time 08/22/2015 1808	Offense Category	TTY Ref.#
			TeleType Operator

Officers					
ID	Name	Role	Primary	Arrived Scene	Departed Scene
222	Lund, Nathan	REPORTING	<input checked="" type="checkbox"/>		

Offenses					
Charge	Cause Number	Local Code	Jurisdiction	State Statute Type/Class	State Charge Code Category
DAMAGE TO PROPERTY - WEATHER RELATED					

Offense / Incident Narrative

On Aug. 22nd, 2015 at 5:58 PM Timothy Labansky wished to report that his vehicle was damaged by a tree branch that fell. I arrived at 213 7th Ave. and contacted Timothy. Timothy showed me the damage to the trunk of the vehicle and the branch sitting next to it. Timothy advised that this past week the city was cutting down branches in the area and several were cut and left up in the tree. Timothy stated that today, one of those branches fell on his vehicle. I took pictures of the damage on the vehicle and the tree branch. Timothy was advised to contact the city services department on Monday and advise them of what occurred. No further action taken.

Reporting Party / Complainant

Name (Last, First Middle Suffix) LABANSKY, TIMOTHY J	Race WHITE	Sex M	DOB 12/06/1974	Age 40	Juvenile N	SSN	Moniker
--	----------------------	-----------------	--------------------------	------------------	----------------------	-----	---------

Addresses					
Type	Street Address	City	State	Zip Code	Country
	213 7TH AVENUE	BARABOO	WI	53913	

Reporting Officer 222 Lund, Nathan	Approving Officer (I) 222 Lund, Nathan (Cover Pages Only)
Approving Officer (II) 249 Werner, Ryan (Cover Pages Only)	

Baraboo Police Department

135 Fourth Street, Baraboo, WI 53913

Offense / Incident Report

Report Date
08/22/2015 1758

Type of Incident
**DAMAGE TO PROPERTY - WEATHER
RELATED**

Complaint No.
2015-06106





Case Status
CLOSED

Phone Numbers				Email Addresses	
Type	Phone	Ext/PIN	Primary	Type	Email Address
CELL	(608) 495-0384		Y		

Victim / Person								
Name (Last, First Middle Suffix)		Race	Sex	DOB	Age	Juvenile	SSN	Moniker
LABANSKY, TIMOTHY J		WHITE	M	12/06/1974	40	N		
<input type="checkbox"/> Injured	Medical Care Sought	Treatment Location		Treatment Disposition		<input type="checkbox"/> Willing to Prosecute	Relation to Suspect	
Other Injury								

Addresses					
Type	Street Address	City	State	Zip Code	Country
	213 7TH AVENUE	BARABOO	WI	53913	

Phone Numbers				Email Addresses	
Type	Phone	Ext/PIN	Primary	Type	Email Address
CELL	(608) 495-0384		Y		

Images					
	ID Number	Date / Time	Subject Type	Image / Attachment Type	Sealed
		08/23/2015 0107	OFFENSE / INCIDENT		<input type="checkbox"/>
	Name		Description		
	Taken Date / Time	Agency	Image Captured By	Original File Name	
			-	D:\DCIM\104__08\IMG_2663.JPG	
	ID Number	Date / Time	Subject Type	Image / Attachment Type	Sealed
		08/23/2015 0107	OFFENSE / INCIDENT		<input type="checkbox"/>
	Name		Description		
	Taken Date / Time	Agency	Image Captured By	Original File Name	
			-	D:\DCIM\104__08\IMG_2664.JPG	

Reporting Officer	222 Lund, Nathan	Approving Officer (I)	222 Lund, Nathan
		(Cover Pages Only)	
Approving Officer (II)	249 Werner, Ryan		
(Cover Pages Only)			

Baraboo Police Department

135 Fourth Street, Baraboo, WI 53913



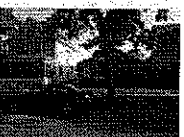

Offense / Incident Report

Report Date
08/22/2015 1758

Type of Incident
**DAMAGE TO PROPERTY - WEATHER
RELATED**

Complaint No.
2015-06106

Case Status
CLOSED

	ID Number	Date / Time	Subject Type	Image / Attachment Type	Sealed
	Name	08/23/2015 0107	OFFENSE / INCIDENT		<input type="checkbox"/>
	Description				
Taken Date / Time		Agency	Image Captured By	Original File Name	
			-	D:\DCIM\104__08\IMG_2665.JPG	
	ID Number	Date / Time	Subject Type	Image / Attachment Type	Sealed
	Name	08/23/2015 0108	OFFENSE / INCIDENT		<input type="checkbox"/>
	Description				
Taken Date / Time		Agency	Image Captured By	Original File Name	
			-	D:\DCIM\104__08\IMG_2666.JPG	
	ID Number	Date / Time	Subject Type	Image / Attachment Type	Sealed
	Name	08/23/2015 0108	OFFENSE / INCIDENT		<input type="checkbox"/>
	Description				
Taken Date / Time		Agency	Image Captured By	Original File Name	
			-	D:\DCIM\104__08\IMG_2667.JPG	
	ID Number	Date / Time	Subject Type	Image / Attachment Type	Sealed
	Name	08/23/2015 0109	OFFENSE / INCIDENT		<input type="checkbox"/>
	Description				
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Reporting Officer 222 Lund, Nathan

Approving Officer (I) 222 Lund, Nathan
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Approving Officer (II) 249 Werner, Ryan
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